

Michigan Mental Health Courts

2011 Annual Report and Evaluation Summary



Project Years

October 1, 2008 – September 30, 2009

October 1, 2009 – September 30, 2010

October 1, 2010 – September 30, 2011

Provided by the
Michigan Supreme Court
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Executive Summary

Mental health court participants were diagnosed with severe and persistent Axis I mental illnesses. While all participants were diagnosed with a severe and persistent mental illness, common diagnoses that accounted for seventy-three percent of participants were bipolar disorder, depression, or schizophrenia.

More than half of the mental health court participants had a co-occurring substance use disorder. Fifty-six percent of mental health court participants also had a substance use disorder with alcohol, marijuana, crack cocaine or cocaine, and heroin most commonly used.

More than 200 participants successfully completed a mental health court program. Forty-four percent of participants graduated since October 1, 2008.

Mental health court graduates improved their education, employment status, mental health, and quality of life. Nineteen percent of participants showed education level improvements prior to graduation. Twenty percent gained improvements in employment prior to graduation. Ninety-seven percent were assessed as having improved their mental health and ninety-six percent were assessed as having improved quality of life as a result of the program.

Mental health courts addressed participants' co-occurring substance use disorders in addition to their mental illness. Graduates averaged between 278 and 413 consecutive days of sobriety prior to graduation and ninety-one percent of participants graduated compliant with taking their medications.

One year after beginning a mental health court program, mental health court participants' recidivism rate was 300 percent lower than that of a comparison group of similar offenders. After twelve months, 8.75 percent of mental health court participants had been reconvicted while 27.32 percent of the comparison group had been reconvicted during the same time frame.

Mental health court participants sustained a sixty-three percent reduction in recidivism, compared to similar offenders, even one year after mental health court services have ceased. After twenty-four months, 26.56 percent of mental health court participants had been reconvicted, compared to 43.20 percent of the comparison group.

Introduction

October 1, 2008, the Michigan State Court Administrative Office (SCAO) and the Michigan Department of Community Health (MDCH) received state funds to create the Michigan Mental Health Court Grant Program (MMHCGP). The jointly funded MMHCGP targets offenders who have diagnosed severe and persistent Axis I mental illnesses and offers them the opportunity to participate in a court-based treatment program to address their mental illness instead of sentencing the offenders to lengthy jail or prison terms. The MMHCGP includes intense judicial oversight, treatment through local community mental health service providers, drug testing when appropriate, referrals to community services such as housing or clothing resources, enrollment in educational classes and certificate programs, transportation assistance, and assistance in obtaining employment. Due to budget reductions, state funding of the MMHCGP was no longer possible and, beginning on October 1, 2009, the MMHCGP became funded through an American Recovery and Reinvestment Act (ARRA) stimulus grant. The ARRA grant was awarded for three years and concludes on September 30, 2012.

The SCAO provides access to a free web-based case management system, called the Specialty Court Case Management (SCCM) system, which all mental health courts in Michigan may use to record participants' progress and collect program-related data. Mental health courts funded under the MMHCGP are required to utilize the system. Some programs funded through other means have also chosen to use the system to assist them with their program evaluation efforts. Table 1 shows the mental health court programs using the SCCM system and their ARRA grant funding status. All mental health court programs utilizing the SCCM system were included in this annual report and evaluation summary.

Table 1
Operational Michigan Mental Health Courts
As of January 2012

County	Court	ARRA Funded
Allegan	57th District Court	No
Berrien	Berrien County Unified Trial Court	Yes
Genesee	Genesee County Probate Court	Yes
Grand Traverse	86th District Court	Yes
Grand Traverse	13th Circuit Court	No
Jackson	12th District Court	Yes
Livingston	53rd District Court	Yes
Oakland	6th Circuit Court	Yes
Otsego*	87th District Court	Yes
St. Clair	72nd District Court	Yes
Wayne	3rd Circuit Court	Yes

**Program disbanded shortly after beginning operations.*

Caseload Statistics

Between October 1, 2008, and September 30, 2011, Michigan mental health courts screened and admitted 736 individuals and handled a total of 747 cases. Of the new admissions, 365 participants (50 percent) were misdemeanor offenders, 311 (42 percent) were felony offenders, 48 (7 percent) were city ordinance violators, 10 (1 percent) had civil petitions, and 2 juveniles faced status offenses as runaways. Because there were only 2 cases of juvenile offenses, the remaining report addresses adult offenses only.

Table 2
New Admissions and Active Cases

Type of Charge	New Admissions		Active Cases	
	#	%	#	%
Civil/Petition	10	1	10	1
Felony	311	42	314	42
Misdemeanor	365	50	370	50
Civil Ordinance	48	7	51	7
Status Offense	2	0	2	0
Total	736	100	747	100

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

Overall, males (63 percent) were more likely than females (37 percent) to be admitted into a mental health court. Participants with city ordinance violations saw the most extreme division between male and female participants, with males comprising 80 percent of the participants. Among the felony participants, 64 percent were male, and among misdemeanor participants, 60 percent were male. Participants with civil petitions were split evenly at 50 percent though their numbers were small (N=10).

Table 3
Gender

Type of Charge	Females		Males		Total
	#	%	#	%	
Civil/Petition	5	50	5	50	10
Felony	113	36	201	64	314
Misdemeanor	147	40	223	60	370
Civil Ordinance	10	20	41	80	51
Total	275	37	470	63	745

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

The 2010 Michigan census¹ identified 81 percent of Michigan residents as White, including Hispanic. Sixty-nine percent of the 745 active mental health court participant cases were White, including Hispanic. Hence, it appears that non-White participants have more representation in mental health courts than in the general population. Misdemeanor and felony offenders were the largest proportion of White participants in the mental health court programs. Individuals with city ordinance violations were predominately non-White, and 50 percent of participants admitted on a civil petition were White.

Table 4
Ethnicity

Type of Charge	White		African American		Hispanic		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	5	50	5	50	0	0	0	0
Felony	189	60	114	36	3	1	8	3
Misdemeanor	299	81	55	15	4	1	12	3
Civil Ordinance	17	33	32	63	0	0	2	4
Total	510	68	206	28	7	1	22	3

This table includes active cases during fiscal years 2009 through 2011 from eleven courts. Asian/Pacific Islander, Multi-racial, Native American, and individuals not identifying with any of the above categories are included in Other.

Overall, adult participants averaged 35 years of age at screening. Participants with a felony charge type met the state average of 35 years old at screening, while individuals admitted to mental health court because of a city ordinance violation or civil petition, averaged 37 years of age at screening. The average age at screening for misdemeanor participants was slightly lower than the state average at 33 years old. Except for the 2 juvenile cases entering the mental health court on a status offense, which have been omitted from the analysis, the remaining juvenile participants entered mental health court programs with felony or misdemeanor charges only. The average age of juvenile participants facing either type of charge was 15 years old.

Table 5
Average Age at Screening

Type of Charge	Adults	Juveniles
Civil/Petition	37	-----
Felony	35	14
Misdemeanor	33	15
Civil Ordinance	37	-----
Average Age	35	15

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

¹ U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

Every mental health court participant must be diagnosed with a DSM-IV Axis I severe and persistent mental illness to be eligible for a mental health court program. In fiscal years 2009 through 2011, mental health court participants were diagnosed with 1 of 54 different DSM-IV mental health disorders. However, three categories of mental illness were most common. Overall, it was most common to find mental health court participants diagnosed with a type of bipolar disorder, accounting for 35 percent of the participants. A type of depression (20 percent) and a type of schizophrenia (18 percent) were also very common diagnoses. The remainder of the participants (27 percent) were diagnosed with a variety of mental illnesses ranging from psychotic disorder to mild or moderate retardation.

Table 6
Diagnosis

Type of Charge	Any Type of Schizophrenia		Any Type of Bipolar		Any Type of Depressive Disorder		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	1	10	6	60	2	20	1	10
Felony	46	15	140	44	60	19	68	22
Misdemeanor	65	18	101	27	86	23	118	32
Civil Ordinance	18	35	17	33	3	6	13	26
Total	130	18	264	35	151	20	200	27

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

In addition to a DSM-IV Axis I severe and persistent mental illness, 414 mental health court participants (56 percent of active cases) were also diagnosed with a co-occurring substance use disorder when admitted into mental health court. Felony participants were more likely to deal with co-occurring substance use disorders (70 percent) than participants charged with other types of offenses. Nearly half (48 percent) of the participants charged with a misdemeanor offense suffered from a co-occurring substance use disorder upon admittance into the program. Forty percent of those charged with a civil petition suffered from a co-occurring substance use disorder while 24 percent of those charged with a city ordinance offense had a co-occurring substance use disorder at the time of admittance.

Table 7
Co-occurring Substance Use Disorder

Type of Charge	Yes		No	
	#	%	#	%
Civil/Petition	4	40	6	60
Felony	219	70	95	30
Misdemeanor	179	48	191	52
City Ordinance	12	24	39	76
Total	414	56	331	44

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

Of the 745 mental health court active cases from fiscal years 2009 through 2011, 431 participants reported a drug of choice when screened for the program. The drugs of choice that mental health court participants with a substance use disorder in addition to their DSM-IV Axis I mental illness reported are listed in Table 8. Alcohol (28 percent), marijuana (25 percent), cocaine or crack cocaine (19 percent), and heroin (14 percent) were common drugs of choice for participants in mental health court. Felony participants, however, chose drugs other than alcohol at a much higher rate. In fact, only 11 percent of felony participants used alcohol. Cocaine or crack cocaine (29 percent), heroin (25 percent) and marijuana (19 percent) were more common.

Table 8
Drug of Choice

Type of Charge	Alcohol		Cocaine/Crack		Marijuana		Heroin	
	#	%	#	%	#	%	#	%
Civil/Petition	2	50	0	0	0	0	1	25
Felony	24	11	65	29	43	19	57	25
Misdemeanor	92	48	9	5	60	32	4	2
City Ordinance	3	25	6	50	3	25	0	0
Total	121	28	80	19	106	25	62	14

Type of Charge	Multiple Drugs		Opiate		Methamphetamine Amphetamine		Other	
	#	%	#	%	#	%	#	%
Civil/Petition	1	25	0	0	0	0	0	0
Felony	8	4	20	9	1	0	7	3
Misdemeanor	10	5	8	4	3	2	4	2
City Ordinance	0	0	0	0	0	0	0	0
Total	19	4	28	6	4	1	11	3

This table includes active cases during fiscal years 2009 through 2011 from eleven courts. Barbiturates, benzodiazepines, club drugs, hallucinogens, inhalants, sedatives, and hypnotics are included as other drugs.

Tables 9 and 10 document the education level and employment status of adult participants when admitted to mental health court programs. Juvenile participants are not presented in the tables because all reported having completed the 11th grade or less at the time of admission and were likely still in school. Additionally, all juveniles were unemployed or not in the labor force at the time of admission.

Overall, more than half of the adult participants (54 percent) had a high school diploma or GED, or had more than a high school education. The percentage of participants having a high school diploma, GED, or higher education was highest among those with civil petitions (60 percent). Next highest were felony offenders at 56 percent, followed by misdemeanants at 55 percent and city ordinance violators at 28 percent.

Table 9
Adults' Education at Admission

Type of Charge	Less than 12th Grade		High School Diploma or GED		More than High School	
	#	%	#	%	#	%
Civil/Petition	4	40	4	40	2	20
Felony	135	44	108	35	65	21
Misdemeanor	150	45	122	36	62	19
City Ordinance	37	72	10	20	4	8
Total	326	46	244	35	133	19

This table includes new admissions and active cases during fiscal years 2009 through 2011 from eleven courts.

Most adult participants in mental health court programs were unemployed (63 percent) or not in the labor force (29 percent) when they were admitted to the programs. Only eight percent were either employed part-time or full-time. Among felony participants, 77 percent were unemployed upon admittance into the program, 69 percent of those participants with city ordinance violations were unemployed, and misdemeanants and offenders with a civil petition who were unemployed were 49 percent and 40 percent, respectively. Misdemeanor participants were most likely to claim that they were not in the labor force (defined as being a full-time student, homemaker, retired, or disabled).

Table 10
Adults' Employment Status at Admission

Type of Charge	Unemployed		Employed Part-Time		Employed Full-Time		Not in Labor Force	
	#	%	#	%	#	%	#	%
Civil/Petition	4	40	2	20	0	0	4	40
Felony	237	77	15	5	12	4	44	14
Misdemeanor	163	49	25	7	4	1	142	43
City Ordinance	35	69	1	2	0	0	15	29
Total	439	63	43	6	16	2	205	29

This table includes active cases during fiscal years 2009 through 2011 from eleven courts.

Performance Outcomes

Several factors can be used to evaluate the success of mental health courts, including completion of the program, improvement in employment or education, improvement in mental health, improvement in quality of life, medication compliance, consecutive sobriety days, and criminal recidivism.

Completion

Of the 480 individuals discharged from Michigan mental health courts, 209 (44 percent) successfully completed a mental health court program from fiscal years 2009

through 2011. The successful completion rates ranged from 25 percent among those with a civil petition offense to 53 percent among the misdemeanants. Felony offenders and participants with a city ordinance violation fell within this range at 32 percent and 44 percent, respectively.

Table 11
Completion

Type of Charge	Successfully Completed	
	#	%
Civil/Petition	2	25
Felony	61	32
Misdemeanor	126	53
City Ordinance	20	44
Total	209	44

This table includes discharged cases during fiscal years 2009 through 2011 from eleven courts.

Improvement in Employment and Education

Despite a difficult economy in Michigan, many successful participants were able to improve their employment status by the time they graduated from mental health courts. Among felony participants, 30 percent were able to improve their employment status and an additional 16 percent of misdemeanor participants improved their employment status while participating in mental health court programs. Among graduates who had a civil petition upon admittance into the program, one of two had improved their employment status upon completion. Felony and misdemeanor participants were most likely to improve their education level while in mental health court programs, with 21 percent from each charge type showing improvement.

Table 12
Successful Participants' Improvement in Employment and Education

Type of Charge	Employment		Education	
	#	%	#	%
Civil/Petition	1	50	0	0
Felony	18	30	13	21
Misdemeanor	20	16	27	21
City Ordinance	0	0	2	1
Total	39	19	42	20

This table includes participants successfully discharged during fiscal years 2009 through 2011 from eleven courts.

Improvement in Mental Health and Quality of Life

All felony offenders and individuals with civil petitions who successfully completed mental health court programs graduated with improved mental health and improved quality of life as measured by assessment tools administered by the participants' treatment providers. Ninety-six percent of misdemeanor mental health court participants improved their mental health while in programs and 95 percent also improved their quality of life while in mental health court

programs. Ninety percent of participants with city ordinance violations improved their mental health and quality of life prior to graduating from mental health court programs.

Table 13
Successful Participants' Improvement in Mental Health and Quality of Life

Type of Charge	Mental Health		Quality of Life	
	#	%	#	%
Civil/Petition	2	100	2	100
Felony	61	100	61	100
Misdemeanor	121	96	120	95
City Ordinance	18	90	18	90
Total	202	97	201	96

This table includes participants successfully discharged during fiscal years 2009 through 2011 from eleven courts.

Consecutive Sobriety Days

Fifty-six percent of mental health court participants had a co-occurring substance use disorder when admitted to a mental health court. One of the goals of mental health court is to ensure that all diagnosed disorders are addressed. Hence, mental health court participants with co-occurring substance use disorders received drug and alcohol tests to monitor their sobriety. The successful felony participants averaged 316 consecutive days of sobriety at graduation. Successful participants with a city ordinance violation averaged 307 consecutive days of sobriety, while successful misdemeanor participants averaged 278 consecutive days of sobriety at graduation. Participants with a civil petition averaged 413 days of sobriety.

Table 14
Successful Participants' Average Number of Sobriety Days

Type of Charge	Average Number of Sobriety Days
Civil/Petition	413
Felony	316
Misdemeanor	278
City Ordinance	307

This table includes participants successfully discharged during fiscal years 2009 through 2011 from eleven courts.

Medication Compliance

Mental health court participants' medication compliance was monitored by program staff through a variety of methods, including pill counting, pharmacy pick-ups, medication injections, and urine testing. Overall, 91 percent of successful participants were compliant with their medications upon graduation. Compliance was highest for successful participants with civil petitions at 100 percent compliance. Felony participants and city ordinance violators had high compliance rates as well, 97 and 95 percent respectively, while misdemeanants had a compliance rate of 87 percent.

Table 15
Successful Participants' Medication Compliance

Type of Charge	Compliant		Marginally Compliant		Noncompliant	
	#	%	#	%	#	%
Civil/Petition	2	100	0	0	0	0
Felony	59	97	2	3	0	0
Misdemeanor	110	87	14	11	1	1
City Ordinance	19	95	1	5	0	0
Total	190	91	17	8	1	1

This table includes participants successfully discharged during fiscal years 2009 through 2011 from eleven courts.

***The total reflects the data that was entered for each participant. There was one misdemeanor participant for whom history of medication data was not entered.**

Sample Selection for Recidivism Analyses

The gold standard for evaluations is random assignment of participants to treatment or control groups. Under random assignment, all individuals would be screened, assessed, diagnosed, and found to be eligible for the services of the mental health court program. At the point of admission, half of the participants would be randomly assigned to participate in the mental health court program (treatment group) while half of the participants would be turned away from the program and would proceed through the legal system as if the program did not exist (control group). This ensures that there are no systematic differences in the characteristics of the participants in the treatment and control groups at the beginning of the evaluation and allows researchers to claim that differences identified between the two groups at the end of the study are due to the effects of the mental health court program.

While random assignment is preferred from an evaluation standpoint, it is not always preferred from an ethical perspective because individuals who are eligible to receive treatment are denied those services even though the resources are available. Hence, random assignment is often limited to instances where a program has reached capacity and must turn away some of the applicants. When a program is in its infancy, however, many evaluators choose to use comparison groups rather than control groups to avoid unintentional harm to eligible participants. Comparison groups are not constructed by random assignment but instead are comprised of individuals who are similar to the treatment group participants in a variety of characteristics but who did not receive the treatment in question. In studies of criminal recidivism, examples of comparison group participants may be standard probationers, those in treatment programs other than mental health court, or those screened for mental health court but found to be ineligible. Each approach has flaws when measured against the merits of random assignment. However, if a comparison group is constructed with attention to ensuring that the included participants are similar to those in the treatment group, comparison groups are valuable reference points to examine the impact of a program.

In this evaluation, the mental health court and comparison group participants were determined to be similar if both had a co-occurring substance use disorder and mental illness. Additionally, the groups were comparable on age², gender³, race⁴, employment status⁵, and education level⁶. The only statistically significant difference between the groups was their prior records⁷. Mental health court participants had significantly more felonies on their record than comparison group participants (but similar numbers of misdemeanors) suggesting that rehabilitation and reduction of recidivism should be more difficult to achieve with the mental health court participants than with the comparison individuals, making any reduction in recidivism for mental health court participants all the more noteworthy.

Recidivism Data

The mental health court participants included in recidivism analyses were participants who had been diagnosed with a severe and persistent mental illness and a co-occurring substance use disorder at admission to a mental health court and successfully completed the mental health court program. The comparison group was comprised of offenders who were screened by a Michigan drug court program but were not admitted into the program because of a severe mental illness that was more prominent than their co-occurring diagnosed substance use disorder.

The names, dates of birth, last four digits of Social Security Numbers, and genders of the individuals in the mental health court group and comparison group were matched against the same identifying information in the Michigan Judicial Data Warehouse. Any new conviction after the individual's admission into a mental health court or rejection from a drug court was identified as recidivism. Examples of convictions included violent offenses, property offenses, breaking and entering or home invasion, controlled substance use or possession, controlled substance manufacturing or distribution, other drug offenses, driving under the influence of drugs or alcohol first offense, driving under the influence of drugs or alcohol second offense, driving under the influence of drugs or alcohol third offense, other alcohol offenses, and traffic offenses.

Several time frames were selected in order to calculate new conviction rates among the two groups. Recidivism rates were calculated at 6, 12, 18, 24, and 30 month periods after the mental health participant was admitted into the program or the comparison group member was screened and rejected from the drug court program.

² Mental health court participants averaged 38.18 years while comparison participants averaged 38.38 years, $t(1, 298) = 0.366$, $p > 0.05$.

³ Fifty-nine percent of the mental health court group was male while the 53 percent of the comparison group was male, $\chi^2(1, 299) = 0.918$, $p > 0.05$.

⁴ Seventy-seven percent of the mental health court group was Caucasian while 83 percent of the comparison group was Caucasian, $\chi^2(1, 299) = 0.267$, $p > 0.05$.

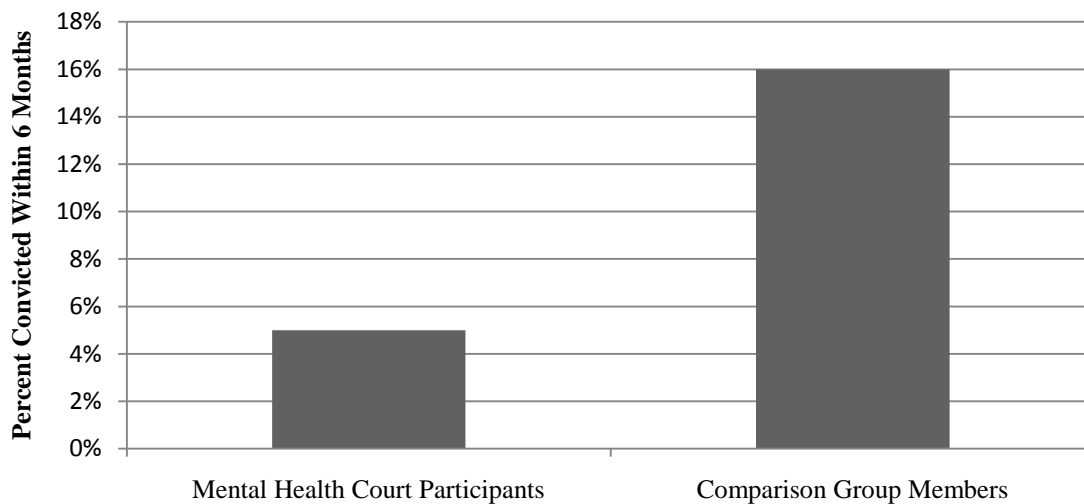
⁵ Fifty-five percent of the mental health court group was unemployed while 59 percent of the comparison group was unemployed, $\chi^2(1, 285) = 0.877$, $p > 0.05$.

⁶ Thirty-nine percent of the mental health court group had less than or equal to an eleventh grade education while 30 percent of the comparison group had the same education level, $\chi^2(1, 285) = 1.377$, $p > 0.05$.

⁷ Mental health court participants averaged 2.63 prior felonies while the comparison group averaged 1.57 prior felonies, $t(1, 253) = 13.528$, $p < 0.001$. Mental health court participants averaged 4.78 prior misdemeanors while comparison participants averaged 3.93 prior misdemeanors, $t(1, 254) = 2.910$, $p > 0.05$.

Figure 1 illustrates recidivism rates six months after admission into a mental health court program or rejection from a drug court program. Five percent of the mental health court participants (N = 80) were convicted of a new offense. In contrast, 16 percent of the comparison group members (N = 221) were convicted of a new offense within six months. The comparison group had more than three times the recidivism rate of the mental health court participants and the difference in recidivism rates between groups was statistically significant⁸.

Figure 1.
Recidivism Rates 6 Months After Program Admission or Rejection

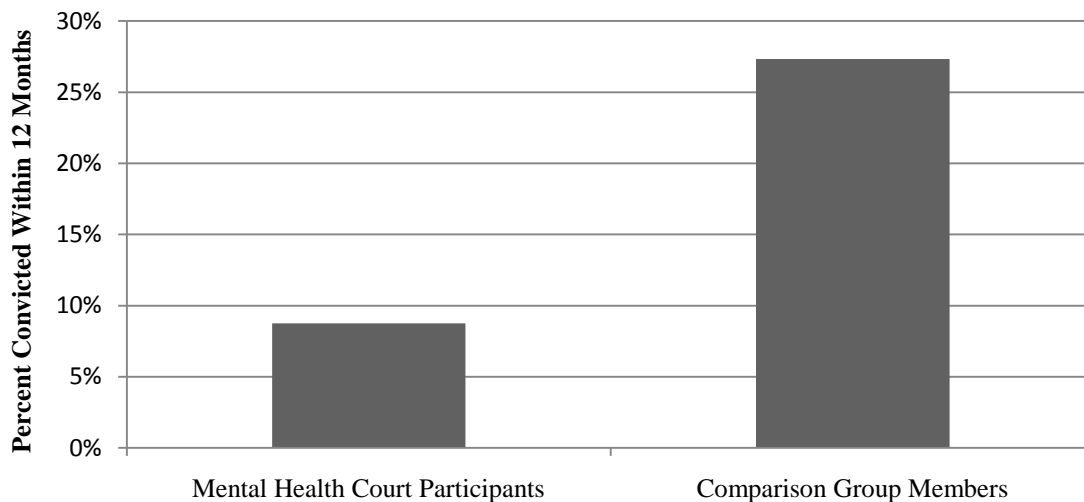


Mental health court participants had a lower recidivism rate twelve months after their admission into the program when compared to the comparison group members, as shown in Figure 2. The recidivism rate for the mental health court participants (N = 80) was 8.75 percent compared to the recidivism rate for the comparison group (N = 205) at 27.32 percent. Again, the comparison group had more than three times the recidivism rate of the mental health court participants, and the difference between groups was statistically significant⁹.

⁸ $t(1,299) = 2.568, p < 0.011$

⁹ $t(1,283) = 3.453, p < 0.001$

Figure 2.
Recidivism Rates 12 Months After Program Admission or Rejection

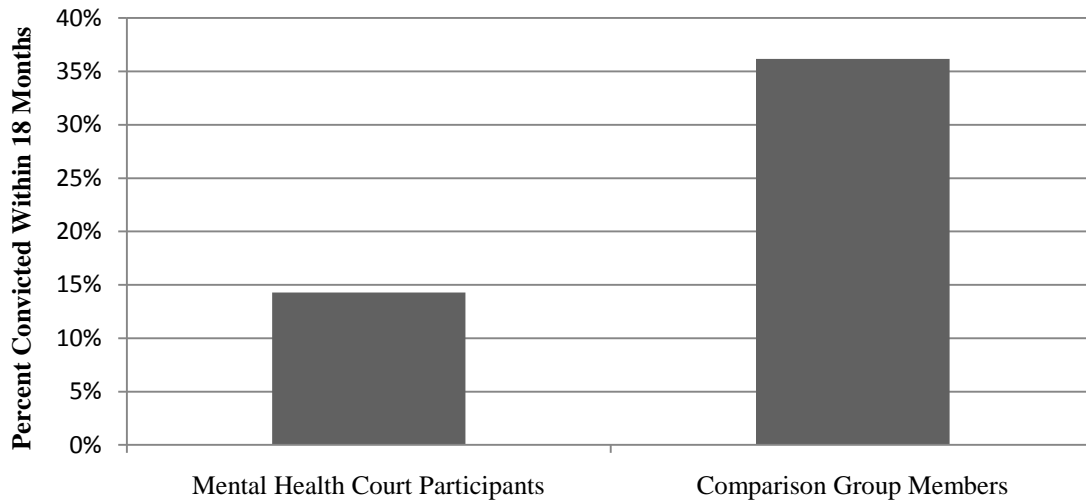


In summary, at the six month and the twelve month time points, mental health court participants' recidivism rate was at least 300 percent lower than that of the comparison group members' recidivism rate. The drastic reduction in the recidivism rate for those in the mental health court group is noteworthy and should not be overlooked. However, when recidivism rates are compared at the six and twelve month time intervals, participants of the mental health court programs are still participating in the program and have not yet graduated. Hence, the mental health court participants are under close judicial monitoring, are receiving treatment and medication compliance checks, are being drug tested regularly, and have the support of a team of professionals who are able to assist as problems arise. More telling, then, are recidivism rates calculated at 18, 24, and 30 month time intervals because the participants are no longer under the jurisdiction of the mental health court. Nearly 50 percent (48.1%) of the mental health court participants graduated within 12 months of admission into the program. Seventy-five percent graduated within 17 months of admission. It is for this reason that evidence of the continued impressive reductions in the recidivism rates that follow is especially impressive.

When comparing the groups' recidivism rates after eighteen months, the recidivism rates continued to differ significantly¹⁰. Mental health court participants (N = 77) had a 14.29 percent recidivism rate, while the comparison group members' (N = 188) recidivism rate was more than double at 36.17 percent. Figure 3 documents the reduction in recidivism that was seen after eighteen months.

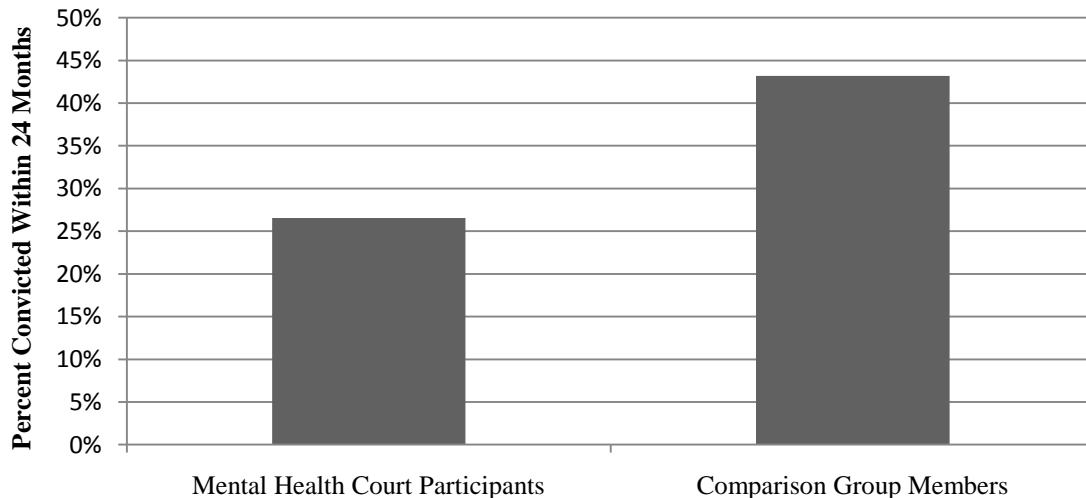
¹⁰ $t(1,263) = 3.609, p < 0.001$

Figure 3.
Recidivism Rates 18 Months After Program Admission or Rejection



After twenty-four months, most mental health court participants have been free of the court's jurisdiction for almost one year. The impact of mental health court continued well beyond program participation. When recidivism rates were calculated after twenty-four months, the mental health court participants (N = 64) had a recidivism rate of 26.56 percent, while the comparison group (N = 169) had a 43.20 percent recidivism rate. The difference between groups represents a sustained 63 percent recidivism reduction one year after services have ended. This reduced recidivism rate for mental health court participants compared to the comparison group was statistically significant¹¹, as well, and can be seen in Figure 4.

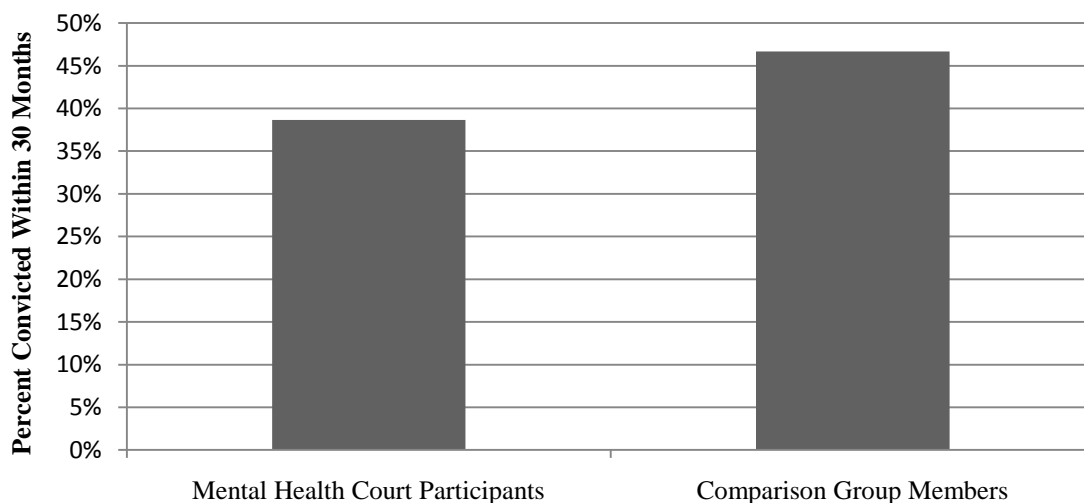
Figure 4.
Recidivism Rates 24 Months After Program Admission or Rejection



¹¹ $t(1,231) = 2.345, p < 0.020$

Lastly, recidivism was measured at a 30 month time interval. The percentage of mental health court participants (N = 44) convicted of a new offense was 38.64 percent, while the percentage of the comparison group members (N = 150) convicted of a new offense was 46.67 percent. The difference in the recidivism rates among the two groups was not statistically significant¹². The 20 percent difference in recidivism rates between groups likely did not reach the statistical significance level due to the limited number of mental health court participants who began a mental health court program more than 30 months ago. As more participants graduate from mental health court, the observed difference in recidivism rates between groups is expected to become statistically significant. The data is clearly trending toward mental health courts' continued impact even after two and a half years.

Figure 5.
Recidivism Rates 30 Months After Program Admission or Rejection



As more participants graduate from mental health courts, the data available for analysis of the program's effectiveness will grow and provide opportunity for more in-depth analyses and further conclusions. Few could have anticipated the outstanding level of success that has been documented thus far. Reducing recidivism by 300 percent within six months and continuing to see significant impacts even after participants are no longer under a court's jurisdiction is remarkable. Perhaps most important to note is that individuals who are dually diagnosed with severe and persistent mental illness and a co-occurring substance use disorder are generally believed to be especially difficult to rehabilitate. Yet, the results show that mental health courts have reduced recidivism, improved medication compliance, improved quality of life, and assisted participants in averaging close to 300 days of continuous sobriety prior to graduation.

¹² $t(1,192) = 0.939, p > 0.05$